

# THE HOSPICE OF THE FLORIDA SUNCOAST

## CERTIFICATION

**Confirmation:**

By: \_\_\_\_\_ 12:0  
With: \_\_\_\_\_

Contact/Referral Initiated 03/03/2000 1:45 PM  
By: Palm Garden of Largo (Nursing Home)

Contact/Reason: Peter called in referral.  
Followed by Dr.: Gambone, Victor MD  
4350 W. Cypress St Suite 1000  
Tampa FL 33607

**Client:**

Name: Schiavo, Theresa  
Address: ~~Palm Garden of Largo~~  
Room: 231  
~~10500 Starkey Road~~  
~~Largo, FL 33777~~  
Phone No: ~~(727) 397-8166~~

*Woodside  
Hospice  
House*

Phone No: (813) 799-5041  
Fax No: \_\_\_\_\_

Primary caregiver: Schiavo, Michael  
Terminal Diagnosis: *Vegetative STATE*  
Coexisting Diagnosis:  
Life expectancy: Less than 6 months  
Lergy: Benadryl, Codeine, Sulfa  
Comment: Referral: MC# 163-60-6789 A. Husband is also POA.

Relationship: Spouse  
Home (727) 712-3325

Social Sec. Number: 163-60-6789  
Date of Birth:  
Primary Insurance:

Phone No:

Policy Number:  
Last Hospitalization: Admit: Discharge:  
Pt/family aware: yes  
TB Testing: Unknown Present: Unknown Date: Type:  
Chest x-ray result: Unknown Date:  
Communicable disease:  
Consulting Physician:  
Referring Physician:  
Referral taken by: *Hodge, Catherine C. GS* 03/03/00

Based on the patient's diagnosis and current condition, I expect this patient has a limited life expectancy of six (6) months or less, if disease continues to take its usual course, and hereby certify this patient as eligible for Hospice care.

**Verbal Certification Received from:**

Gambone, Victor MD 03/03/2000  
Attending Physician Date

X  
\_\_\_\_\_  
Attending Physician (Signature) Date

Attending Physician (Signature) Date  
*William Moore MD* 4/11/00  
Medical Director (Signature) Date

WILLIAM MOORE, MD

Client: Schiavo, Theresa  
Team: ~~Lavender~~ *WOODSIDE*  
Record #: 123235